

## 2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

### Revenue Enhancement Proposal

*This proposal was prepared at the request of the Governor's Council on Substance Abuse and does not necessarily represent the official position of the Governor's Office, the state agencies represented on the Council or the agency or organization that prepared this proposal.*

**Program:** "Impact of Fetal Alcohol Syndrome and Prevention"

#### Recommendation Summary:

*(Summary description of purpose of proposed enhancement)*

- A. Increase Availability for Residential CD Treatment for Pregnant and Parenting Women and Their Children:** There is need in Region Six (Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum Counties) for residential chemical dependency treatment services for pregnant and parenting women (PPW). DASA would request that one facility, serving sixteen (16) women and their children be opened in this region. The funding for this program would include therapeutic childcare for the children that are in treatment with their parent. The women from this region are currently required to go to treatment far from their home communities. The closest facilities are in Tacoma and Yakima. This would also reduce the wait lists for PPW services statewide. DASA is interested in purchasing the building in order to accelerate the process. The purchase of a facility is often the biggest barrier for providers in starting new programs. Once a facility is purchased, the facility could be leased through a contract with DASA to the provider.
- B. Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) recommendations:**
1. There is a need in Washington State for a **Fetal Alcohol Spectrum Disorder (FASD) website**. This website could include information and resources in the prevention of FASD, as well as assisting those affected by FASD with resource information for support and services.
  2. There is a need for a **statewide FASD Coordinator**. This position would coordinate services and information for FASD. The FASD Coordinator would also provide oversight of the FASD website.
  3. **Provide support to the five (5) statewide (non-University of Washington) Fetal Alcohol Syndrome Diagnostic and Prevention Networks (FASDPN)** for clerical issues. Currently, one of the sites (Federal Way) is planning on closing in June 2004 due to not having funds available for clerical support. The clerical support is responsible for setting up appointments, gathering necessary data, and helping to make sure the clinic runs smoothly on diagnostic assessment days. The medical staff involved with the clinics is on a voluntary basis. (\$20,000 per site)

**Fiscal Detail** *(Provide for each year and for the biennium total operating expenditures, staffing (FTEs) and revenue sources (if known)).*

	FY 2006	FY 2007	Total
<b>A.</b>	Increase Availability for Residential CD Treatment for Pregnant and Parenting Women and Their Children		
<b>Operating Expenditures</b>	\$944,805	\$944,805	\$1,889,610
(This is the amount that DASA contracts for a 16 beds facility for women and 16 children in therapeutic childcare; the contract amount is currently \$126.45 per day for the women in treatment and \$49.60 per day for the children in therapeutic childcare)			
	\$1,500,000 to \$2,000,000 FY 2006 only		
(This is the cost of a building to house the facility)			
	\$100,000	0	100,000
(This includes capitalization of the facility; to include furniture, kitchen equipment, safety equipment, etc. in the amount of \$60,000 and \$40,000 for Department of Health construction review related costs)			

	\$4,288	\$4,288	\$8,576
(Department of Health Licensing of the beds in the facility: 32 beds at \$134 each, per year)			

	\$4,800	\$4,800	\$9,600
(Building insurance, includes vehicles)			

<b>Staffing (FTEs)</b>	N/A	N/A	N/A
(Staffing would be provided by the provider)			

**Revenue Detail (if known)** This could be a Medicaid match facility, so approximately 50 percent of the treatment and therapeutic childcare costs could be covered by Medicaid.

**Funding sources** Medicaid and General Fund State

<b>FY 2006</b>	<b>FY 2007</b>	<b>Total</b>
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**B.** Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) recommendations

<b>Operating Expenditures</b>	3. \$230,000	3. \$215,500	3. \$230,000
(Based on 5 sites at \$20,000 per site)			

<b>Staffing (FTEs)</b>	N/A	N/A	N/A
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**Revenue Detail (if known)**

**Funding sources** General Fund State

**Description of existing program** (*Brief description of existing activities as they function and any anticipated changes at the current budgeted level*)

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), also known as Fetal Alcohol Spectrum Disorders (FASD) (Streissguth and O'Malley), Partial Fetal Alcohol Syndrome, and Alcohol Related Neurodevelopmental Disorder, are the leading known causes of mental retardation and are one hundred percent preventable. Each year, approximately 12,000 infants are born in the United States with FAS and FAE suffering irreversible life-long physical and mental damage. FAS and FAE are national problems that can impact any child, family, or community.

Pregnant and Parenting Women (PPW) are a priority population for publicly funded chemical dependency treatment in Washington State. Chemical dependency treatment provides services necessary to stabilize, support and enhance the opportunity for a woman to maintain abstinence through her understanding and acceptance of the disease of chemical dependency, and by addressing her unique needs, including parenting skills, and overall physical and emotional health.

*PPW residential programs* serve chemically dependent pregnant and parenting women and their children in long-term treatment settings. The goal of Pregnant and Parenting Women (PPW) programs is to reduce the number of drug-affected infant births and promote safe and healthy families. Some of these programs provide access and referral to specialized PPW residential treatment with therapeutic childcare and housing support services for women and children. They offer a number of enhancements, including the availability of therapeutic childcare for children of clients. One or more of a client's children can participate in therapeutic childcare during the time they receive outpatient treatment or they can remain in residence while a client is receiving residential treatment. DASA has 147 residential beds contracted for PPW clients statewide. There are waiting lists for these beds on an on-going basis.

*Hospital-based chemical dependency treatment:* These are in-hospital detoxification and chemical dependency treatment programs for pregnant women, often referred to as Chemical Using Pregnant (CUP)

programs. The primary focus is to stabilize the fetus. Women may remain in hospital treatment for up to 26 days. Medical Assistance Administration works with six (6) CUP hospital programs, all of which are on the west side of the mountains.

*Non-hospital based/non-specialized inpatient and outpatient chemical dependency treatment programs:* Inpatient (both intensive and long term residential) is offered on a statewide basis. Outpatient services are offered in every county.

*The Parent-Child Assistance Program (P-CAP)* provides advocacy services which shall include, but are not limited to, the following: 1) identification and prioritization of realistic goals, initiation of necessary steps, evaluation of progress toward these goals; 2) referral and support for substance abuse treatment and recovery; 3) referral and support for utilization of local resources including family planning, safe housing, health care, domestic violence services, parenting skills, child welfare, child care, transportation, and legal services; 4) provision of funds for food, unmet health needs, other necessities, and incentives as needed; 5) protection of the children in the family in terms of optimal health care (including referral for immunizations) and appropriate therapeutic interventions; and 6) timely advocate response based on clients' needs. This program is available in King, Pierce, Spokane, and Yakima Counties.

*Safe Babies, Safe Moms (SBSM)* provides a comprehensive range of services, with a goal of reducing alcohol and/or drug affected babies, stabilizing women and their young children, identifying and providing necessary interventions, and assisting women in gaining self-confidence as they transition from public assistance to self-sufficiency. These services include: specialized Targeted Intensive Case Management (TICM) that provides referral, support, and advocacy for substance abuse treatment, and continuing care; long-term residential treatment that provides a positive recovery environment with structured clinical services; and housing support services for women and children, who stay of up to 18 months in a transitional house. This program is available in Benton-Franklin, Snohomish, and Whatcom (partial program) Counties.

*Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG)* represents a diverse spectrum of programs designed for individuals and families with FAS and FAE. This network of educational, research, and clinical services responds to the legislative mandate to ensure coordination of identification, prevention, and intervention programs for children who have fetal alcohol effects and for women at high risk of having children with fetal alcohol effects. DASA is the chair of this workgroup.

*Fetal Alcohol Syndrome Family Resource Institute (FAS\*FRI)* established in 1990, is a grassroots non-profit organization of parents working together with professionals. FAS\*FRI's mission is to identify, understand, and care for individuals with FAS and FAE and their families, and to prevent future generations from having to live with this disability. The momentum for establishing the Institute began with a need to preserve family relationships and keep the family unit intact. A key focus of the Institute is the education of professionals who are unable to recognize individuals with FAS and FAE on their caseloads or in their classrooms, even though they may be familiar with FAS and FAE research. Since 1990, FAS\*FRI has worked to gather the "collective family experience" on FAS and FAE.

*Fetal Alcohol Syndrome Diagnostic and Prevention Network (FASDPN)* is a statewide network of six multidisciplinary clinical sites, (located in Spokane, Yakima, Pullman, Federal Way, and Everett), with a core clinical/research/training site located at the Center on Human Development and Disability at the University of Washington (UW) in Seattle. Susan J. Astley, Ph.D., Associate Professor of Epidemiology, serves as the Director of the FAS DPN. The FAS DPN originated as a single FAS Clinic at the UW in 1993, and was sponsored by the Center for Disease Control and Prevention (CDC). Statewide demand for clinical services rapidly exceeded the capacity of the clinic. In 1995, through SSB 5688 and the private foundation support of the March of Dimes, the single clinic was expanded into a statewide network of clinics named the FAS DPN. It should be noted that due to budgetary reasons (they do not have overhead funds for clerical duties), the Federal Way clinic will be closing in June 2004. These clinics receive no outside funding and the practitioners involved volunteer their time to the clinic.

*Fetal Alcohol Syndrome Information Services – Iceberg Newsletter* produces and distributes, at least 1,500 copies of the "ICEBERG" Newsletter quarterly. This newsletter provides information regarding FAS/E.

Copies of the newsletter shall be distributed using the DASA Coordinators list and the Iceberg subscription list. Any remaining copies are distributed at conferences and agencies referring individuals for Fetal Alcohol Syndrome related services.

**Justification and Impact Statement** *(Include reason for the proposed enhancement, impact on clients and services, impact on other units of government, other alternatives explored, future biennia budget impacts, one-time versus ongoing expenditures and costs, and effect of non-funding.*

- **Reason for proposed enhancement**

- A. Pregnant and parenting women (PPW), who live in Region Six, are currently required to leave their home communities to pursue residential treatment services. These women are often placed on waiting lists in programs as far away as Spokane. DASA proposes buying a building in order to make this enhancement more realistic. The purchase of a facility is often the largest barrier for a provider that has an interest in providing chemical dependency treatment services. Without the assistance to the providers of DASA purchasing the building, increasing capacity may be difficult.
- B.1./2. The Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) had made these requests to DASA and is making these recommendations to better assist the citizens of Washington State in gathering knowledge, finding resources, and educating them regarding Fetal Alcohol Syndrome and related disorders. There is currently not one location within the state that one can go to access information and be linked to resources, support, and information. The goal is to disseminate information and resources to the general public, professionals, and families regarding FASD. Creating a Website/Portal Page and having a statewide coordinator of FASD would bring all the agencies together. This would link all agencies involved in FASD in Washington State, as well as around the world. Other ideas that could be done in relation to the website include building a List Serve to share new ideas, best practices, and goals and accomplishments and publishing a simple brochure that identifies Washington State resources for FASD. This could be widely distributed to stakeholders, professionals, families, and the general public, with a reference to the website.
- B.3. The FASIAWG would also recommend support of the local Fetal Alcohol Syndrome Diagnostic and Prevention Networks (FASDPN). There is currently no funding to the five (5) clinics statewide and they rely on volunteer services from physicians and other clinical personnel, however the clerical support of these clinics can be time consuming and is not funded by anyone. One clinic is planning on closing its doors (Federal Way) in June 2004 due to not being able to continue a voluntary system for the clerical needs of the site.

- **Impact on clients and services**

- A. If another PPW residential chemical dependency facility were to open in Washington State, the impact on the clients is significant. There would be fewer women waiting to enter residential treatment and the entire state would benefit from this resource. The women would be able to receive treatment services in communities closer to home, facilitating visitation with children that are not placed with the client into treatment, and facilitate better coordination of care with the various providers that may be involved with the client (Child Protective Services, mental health, community resources).
- B.1./2. With this website and state coordinator, individuals could easily access information regarding FASD and learn about resources that are available to them for education, support, and services.
- B.3. If the current number of clinics are able to remain open, more individuals will be able to access the diagnostic services. If clinics continue to close, the wait lists at the

remaining sites will get longer.

- **Impact on other units of government**

- A. Additional PPW residential beds will have an impact on the reduction of alcohol and/or drug affected babies in Washington State. The sooner a chemically dependent pregnant woman can access treatment services, the better the chances are of having a healthy child. If the rate of alcohol and/or drug affected babies in Washington State decreased, the medical, psychological, and social costs of these children would drastically decrease.
- B.1./2. This website and state coordinator would help to link the agencies together that assist individuals with FASD and help educate other units of government about FASD.
- B.3. With proper diagnosis of FAS, other government entities would benefit, especially within the school system.

- **Other alternatives explored**

- A. Currently, women from Region Six are being served in other regions in Washington State. The closest programs for these women are in Yakima and Tacoma. If a program is opened in Region Six, these beds would be available to women statewide and can help to alleviate the waitlist problem, as well as better serve those women in Region 6.
- B.1./2. Continue with current resources, which are not linked effectively with each other.
- B.3. Continue to let the clinics run on a voluntary basis and risk other clinics closing in the future.

- **Future biennia budget impacts**

- A. DASA would be able to make this a Medicaid match facility. Biennial funding, as well as continued funding of this facility would need to be assured in order to proceed with this decision package.
- B.1. Once a website or portal is developed, the maintenance of this site would be the only expense.
- B.2. A statewide coordinator would need to be funded into future bienniums to provide continuity of administration.
- B.3. Continued funding of the clinics would need to be sustained into future bienniums. Should other clinics open, there may be a need to fund additional clinics.

- **One time versus ongoing expenditures**

- A. If the state decides to go to the expense of starting a residential program from the ground up, it would be cost effective to continue this service ongoing. The greatest expense is the upfront cost of opening such a facility. This is also a time consuming process, and can take up to one year.
- B.1. If one time funding is authorized, this website would remain stagnant. Continued maintenance funding is essential for this website to be a viable resource.
- B.2. One time funding of a position would only assist the statewide effort on a time limited basis. This position needs to be ongoing.
- B.3. One time funding for the 2005-2007 biennium would help in keeping current sites open and running another two years. Continued funding would keep the sites operating indefinitely.

- **Effect of non-funding**
  - A. Women from Region Six will continue to travel to other parts of the state for their specialized PPW inpatient treatment needs. Waitlists for treatment services will continue for this priority population.
  - B.1./2. Citizens in the state of Washington will not have “one stop” resource on FASD.
  - B.3. More clinics may choose to close due to financial constraints. If more clinics close, the waitlists at the remaining clinics would increase.

#### **Proposed Implementation Plan**

- A. DASA proposes that an RFP be conducted in Region Six for a PPW residential chemical dependency facility. DASA wants to look at buying the building or building a new facility in order to accelerate this process. Once the facility is purchased, DASA would then contract for a lease and treatment services. Once a provider is identified, the program would need to be developed, certified, and licensed.
- B.1. DASA proposes that a Request for Proposal (RFP) be conducted for a Webmaster to develop a website that would link all of the state and national resources on Fetal Alcohol Syndrome. Once a Webmaster is identified, DASA would contract with this person/agency to develop the website. DASA would like to have the website developed within 12 months of contracting. Once the website is up and running, a list serve and brochure can be developed.
- B.2. Recruitment of a statewide coordinator, with expertise in FASD, would need to be completed. This position would be in charge of the coordinating the website and list serve, as well as developing a statewide brochure on FASD.
- B.3. Simply fund each site at \$20,000 per year for clerical support.

#### **Performance Measures and anticipated outcomes**

*What are the expected outcomes from this proposal? Include specific detail for the outcome measures that will be used to assess the effectiveness of the enhanced services.*

- A. It is expected that women from Region Six would be able to access treatment closer to their home communities and better facilitate visitation with children that are not placed with the client into treatment, and facilitate better coordination of care with the various providers that may be involved with the client (Child Protective Services, mental health, community resources). Another pregnant and parenting women’s facility in Washington State would also reduce the waitlist for PPW residential treatment services statewide.

#### **TARGET**

*Research through RDA*

- B. It is anticipated that if a website and statewide FASD coordinator is developed and implemented, referral and resource information to the citizens of Washington State would be done in a coordinated and effective manner. If FASDPN clinics are funded for clerical support, it is anticipated that these clinics will remain open and serve those most in need and reduce.

#### **Website “hits”**

We could add a comments option to the webpage for feedback on the site

Phone calls to the statewide FASD coordinator

Numbers assessed at the various statewide FASDPN clinics

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**Proposal was prepared at the request of the Governor's Council on Substance Abuse by:**

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